

FILED MAY 15 1940 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EN-ROUTE TO CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Philipena Billon

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 15 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business _____

12. Name CHRIST. BILLON

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE DUDENHAPER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. M. Langheim

(b) Address 3942 Tolson Dr.

17. (a) CREMATION (b) Date thereof APRIL 19 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Av.

19. (a) APR 18 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4360 WASHINGTON BLVD
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

NO ATTENDING MEDICAL PHYSICIAN

20. DATE OF DEATH: Month April day 16th
year 1940 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Brain;
Chronic Fibrous Myocarditis.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. B. or other)

Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Jose Bollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.